

RCRAInfo Corrective Action Data Entry Form

EPA ID Number	Handler Name

Event	Add <input type="checkbox"/>	Update <input type="checkbox"/>	Delete <input type="checkbox"/>
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*Event Code	Scheduled Date (mm/dd/yyyy)	*Actual Date (mm/dd/yyyy)	Responsible Person
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Suborganization			Sequence No.
<input style="width: 95%;" type="text"/>			<input style="width: 95%;" type="text"/>
Notes: _____			

LINK EXISTING AUTHORITY(IES) TO ABOVE EVENT? (Y/N)	<i>If Yes, fill in information below</i>
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Authority Type	Effective Date (mm/dd/yyyy)	Agency	Statutory Citation

LINK EXISTING AREA(S) TO ABOVE EVENT? (Y/N)	<i>If Yes, fill in information below.</i>
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Area Name	Area Name

Authority	Add <input type="checkbox"/>	Update <input type="checkbox"/>	Delete <input type="checkbox"/>	Link to Above Event?	<input type="checkbox"/>
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*Type	*Effective Date (mm/dd/yyyy)	Issue Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Lead Program
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Responsible Person	Suborganization	Repository		Seq. No.
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Notes: _____				

Citations (Check one or more to link authority to:)		
Citation Type	Citation Description	
<input type="checkbox"/>	A	RCRA 3004(u) or equivalent
<input type="checkbox"/>	B	RCRA 3004(v) or equivalent
<input type="checkbox"/>	C	RCRA 3008(a) or equivalent
<input type="checkbox"/>	D	RCRA 3008(h) or equivalent
<input type="checkbox"/>	E	RCRA 3013 or equivalent
<input type="checkbox"/>	F	RCRA 7003 or equivalent
<input type="checkbox"/>	G	CERCLA 104 or equivalent
<input type="checkbox"/>	H	CERCLA 104 or equivalent
<input type="checkbox"/>	U	Other, specified by Legal Authority Citation
		<i>Specify citation:</i> <input style="width: 150px;" type="text"/>

*** Required Fields**

EPA ID Number	Handler Name			
Authority	Add <input type="checkbox"/>	Update <input type="checkbox"/>	Delete <input type="checkbox"/>	Link to Above Event? <input type="checkbox"/>
*Type	*Effective Date (mm/dd/yyyy)	Issue Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Lead Program
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Responsible Person	Suborganization	Repository	Seq. No.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Notes:				
Citations (Check one or more to link authority to:)				
Citation Type	Citation Description			
<input type="checkbox"/> A	RCRA 3004(u) or equivalent			
<input type="checkbox"/> B	RCRA 3004(v) or equivalent			
<input type="checkbox"/> C	RCRA 3008(a) or equivalent			
<input type="checkbox"/> D	RCRA 3008(h) or equivalent			
<input type="checkbox"/> E	RCRA 3013 or equivalent			
<input type="checkbox"/> F	RCRA 7003 or equivalent			
<input type="checkbox"/> G	CERCLA 104 or equivalent			
<input type="checkbox"/> H	CERCLA 104 or equivalent			
<input type="checkbox"/> U	Other, specified by Legal Authority Citation		Specify citation: <input type="text"/>	
Area	Add <input type="checkbox"/>	Update <input type="checkbox"/>	Delete <input type="checkbox"/>	Link to Above Event? <input type="checkbox"/>
*Area Name	EPA Responsible Person	State Responsible Person	Seq. No.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Notes:				
Evidence of Release [Check appropriate box(es)]				
Air	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Soil	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Surface Water	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Ground Water	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Is this area the Entire Facility?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is this area a regulated HW TSD unit?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Area	Add <input type="checkbox"/>	Update <input type="checkbox"/>	Delete <input type="checkbox"/>	Link to Above Event? <input type="checkbox"/>
*Area Name	EPA Responsible Person	State Responsible Person	Seq. No.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Notes:				
Evidence of Release [Check appropriate box(es)]				
Air	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Soil	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Surface Water	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Ground Water	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Is this area the Entire Facility?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is this area a regulated HW TSD unit?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

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